Patient Information - Frenulum Procedures & Consent

Before, During and Aftercare

General Information about Frenectomy Procedures for the Infant

What is Frenectomy or Frenotomy?
Frenectomy and Frenotomy is a surgery used to correct a congenital condition in which the lingual (tongue) or labial (lip) frenulum is too tight, causing restriction in movements that can cause significant difficulty with breastfeeding, speech, swallowing and, in some instances, other health concerns like dental, digestive and other issues. When it affects the lingual frenulum, this condition is commonly called a tongue tie. If your lactation consultant or doctor feels that a procedure is warranted, here is what you can expect.

Prior to your treatment appointment:
I encourage all our babies to be seen by International Board Certified Lactation Consultant (IBCLC) and to start some type of bodywork. IBCLC can evaluate pre treatment and help set goals for post treatment. Bodywork is recommended 1-2 days prior to release for optimal results. *see last page for explanation of bodywork

Purchase- Dr. Hughes recommends you purchase non-latex gloves, hylands teething gel, Tylenol (motrin if your baby is older) and consider purchasing a camping style headlamp.

How to Prepare
The use of Tylenol 30-60 minutes before the appointment can be helpful in minimizing post-procedural discomfort.
Dosage: Using the dropper in the manufacturers packaging
6-11 pounds - 1.25mL
12-17 pounds - 2.5mL
18-23 pounds - 3.75mL

What to Expect
In general, the procedure is very well tolerated by babies. We take every measure to ensure that pain is minimized and that your baby is safe and comforted.

For a typical frenotomy (an incision of the frenulum), a topical numbing gel is applied once or twice and occasionally, if a frenectomy (frenulum tissue is removed) is needed, a small amount of local anesthetic may be injected.
Crying and fussiness are quite common, and most children lose only a small amount of blood, if any at all. Once numb, they are briefly treated in our laser treatment room, and then immediately brought back to you, where you have the option of immediate breastfeeding, a bottle feeding or soothing depending on your preference. They will frequently drool afterwards until the numbing medicine wears off.

Tylenol may be used afterwards for pain relief. Other helpful supplies to have on hand include: Hyland's Teething Gel and any homeopathic remedies you want (Rescue Remedy, arnica, etc).

You may notice some dark brown stools or spit-ups afterwards as some blood may get swallowed after the procedure.

What to do afterwards
The main risk of a frenotomy or frenectomy is the fact that the mouth heals so quickly and the incision site may want to reattach. Here are some basic stretches and massage exercises to do after the procedure.

Use your Orajel naturals or Hylands teething gel before stretches to minimize discomfort. Use a small amount of Coconut oil on your finger or a gloved finger for promoting wound healing and lubrication during stretches.

These exercises are often easiest if the infant is placed on a firm surface like a changing table or floor facing away from you so both your hands can be free. Just spend a short amount of time doing these exercises. Numbers 1 and 2 are essential to keeping the wound open. The other exercises can be done when the infant is quiet and alert as a fun interactive time for both parent and baby. Please see the following pages for details of stretches and aftercare.

1) Lift the lip towards the nose sweep across the wound and roll your finger over the incision site like a "rolling pin".
2) Push the tongue up with two fingers and roll under the tongue like a "rolling pin".
3) push the tongue towards the throat further stretching the wound completely open
3) Rub the gum line, the infant will follow your finger with their tongue.
4) Let the infant suck on your finger and do a little "tug-o-war" to help the tongue strengthen.
5) Let the infant suck your finger and apply gentle pressure to the palate then roll finger over and gently stroke the middle of the infant's tongue.

Aim for repeating them 4-6 times a day for up to 6 weeks after the procedure. As the incision site heals it may look like a white or yellowish coating has formed; that is normal and does not indicate infection. Occasionally, more specific oral motor work is needed so it is essential that you continue to follow-up with your lactation consultant after the procedure to ensure optimal results.

Call our office for any of the following:
Uncontrolled bleeding
Refusal to nurse or take a bottle
Fever > 101 F
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Consent for Frenotomy/ Frenectomy

Diagnosis:
After a careful oral examination and study of my (or my child's) dental and oral condition, I have been advised that I have or my child has
  a. excessive gum tissue between lip and jaw bone (labial frenulum) and/or;
  b. a tight band between the tongue and the floor of the mouth (lingual frenulum)
These abnormalities can limit function during breastfeeding, speech or swallowing and can affect muscle tension, TMJ function and other medical problems.

Recommended Treatment:
In order to treat this condition, the doctor has recommended a procedure to either release the tight frenulum (Frenotomy) or remove the tight frenulum (Frenectomy). I understand that topical anesthetic, nitrous oxide (laughing gas) may be utilized and a local anesthetic may be administered to me/my child as part of the treatment.

Necessary Follow-Up Care and Self Care:
I understand that failure to follow recommendations could lead to ill effects, which would become my sole responsibility. I will need to come for appointments following my surgery so that my healing may be monitored and for the doctor (or lactation consultant) to evaluate and report on the outcome of surgery upon completion of healing. Smoking or alcohol intake may adversely affect healing and may limit the successful outcome of my surgery. I know it is important to abide by the specific instruction given by the doctor.

Principal Risks and Complications:
I understand a small number of patients do not respond successfully to this procedure. Because each patient's condition is unique, long-term success may not occur. I understand that complications may result from the procedure including postsurgical infection, bleeding, swelling and pain, impact upon speech, lack of improvement, allergic reactions and most importantly, regrowth of scar tissue that may cause a return of the original disorder. I understand there may be a need for a second procedure if the initial results are not fully satisfactory.

I have asked all of my questions and have had time to discuss options with my surgeon. By signing, I elect to proceed with the procedure for myself (or my child).

__________________    __________
Provider                       Date                   Patient

_______________________    ___________
Date
Observations and notes:

With most babies we see the best result when utilizing the full team of providers: Certified Lactation consultant, bodyworker/CS therapist, dentist/surgeon. While some babies benefit from a surgical release, most babies need more treatment than structural release alone can provide.

Initially after the procedure you can nurse, bottle feed or comfort the baby in whatever method you choose. The first 20 minutes can be frustrating because baby is numb and does the “bobblehead” on the breast or on the bottle. Then generally baby will settle in for a good feeding and a good sleep.

The first 24-48 hours is the most fussy and uncoordinated feedings. (more drooling, more dribbling milk, some pain for baby on latch, increase in gas and reflux as they get used to their new mobility and also as they try to restrict movement/prevent pain). Reflux may continue to be worse for several days to weeks after the procedure. Patience and a comprehensive team approach proves to be the best. After that, things generally begin to calm down. It is important that you schedule to see your IBCLC around the 4th or 5th day post op… latch changes can be addressed at this time. Most babies are too sore to try too many changes in the first 48 hours, but keep trying to achieve the optimal latch each time. Also, bodywork is recommended at 2-4 days post op and again as recommended by your chiropractor or therapist.

Why and what is bodywork? Bodywork is a general description of treatment for the baby for tightness and restriction of muscles, soft tissue and connective tissue. It is like Physical therapy and massage for the areas that are tight. It is generally performed by a chiropractor, Craniosacrial Therapist, myofascial release specialist, or massage therapist who is trained in newborns and has educated themselves specifically on Tongue Tie (Tethered Oral Tissues) restrictions. I have found that babies who receive Bodywork 2 days prior to treatment and followup care after treatment are the babies that have the easiest time adjusting and progressing.
THERE ARE TWO IMPORTANT CONCEPTS TO UNDERSTAND ABOUT ORAL WOUNDS:

1. Any open oral wound likes to contract towards the center of that wound as it is healing (hence the need to keep it dilated open).
2. If you have two raw surfaces in the mouth in close proximity, they will reattach.

Post-procedure stretches are key to getting an optimal result. These stretches are NOT meant to be forceful or prolonged. It's best to be firm, quick and precise with your movements. I feel that getting an affordable LED headlight (like a camping headlight) allows you to get the best results.

Use non latex gloves (I prefer nitrile- powder free). This is especially important on older babies- they will associate these stretches with discomfort and I’d rather them dislike gloves than your finger or hands. You may also use a small amount of coconut oil on the gloves for lubrication and to promote wound healing.

You may use Tylenol, Ibuprofen (if 6 months of age or older), arnica, Rescue Remedy or other measures to help with pain control. **I recommend the purchase of a non-numbing teething gel like Hyland's Teething Gel or Orajel Naturals (not regular Orajel- Benzocaine is not safe for use in infants).** This gel will be used during your stretching exercises and can help with pain afterwards as well. Please continue your choice of pain management around the clock for the first 3 days. Pain management is key for everyone’s comfort and sanity.

The main risk of a frenotomy is that the mouth heals so quickly that it may prematurely reattach at either the tongue site or the lip site, causing a new limitation in mobility and the persistence or return of symptoms. The exercises demonstrated below are best done with the baby placed on a firm surface with the feet going away from you.

**Stretches- Wound Care**

Wash your hands prior to stretches. Dr. Hughes recommends **gloves** for stretches. Using a small amount of coconut oil on the glove fingertips helps too.

**Pain** management- apply a small amount of natural teething gel to the wound prior to stretches

**Bleeding**- a small amount of bleeding is common after the procedure, especially during stretches in the first few days. Bleeding is minimized following a laser procedure.

**Timing** -

Week 1 and 2: Stretches should be done 6 times a day. I recommend parents do stretches every 4 hours for the first week when the wound is most vulnerable to reattachment. Same for Week 2 or until a good post op report.

Week 3: After the post op appointment, you may be able to space the nighttime stretches apart, but no more than 6 hours between stretches. Continue stretching 4-6 times per day.
Week 4-6: The 4th through 6th week stretches will be tapered quickly from 4-6 a day to 2 per day before quitting completely. At week 4, if your baby is sleeping through the night, there is no need to do stretches during the nighttime, but make sure to do them at least 4 times a day for several days and visualize the wound each day to check for wound tightening or reattachment.

The wounds created are typically diamond-shaped. This diamond has 3 dimensions - height, width and depth. This is especially important for the tongue wound, which is much deeper than the lip wound. Maintaining these 3 dimensions is the key to successful healing.
The Upper Lip is the easier of the 2 sites to stretch. If you have wounds in both sites, I recommend that you start with the lip. Typically, babies don't like either of the stretches and may cry, so starting with the lip allows you to get under the tongue easier once the baby starts to cry. For the upper lip, simply place your finger under the lip and move it up as high as it will go (until it bumps into resistance- feel for the base of the nose). Then gently sweep from side to side for 1-2 seconds- focusing on the corners in a massaging circular motion. Turn your finger to the side and roll under the lip- Rolling Pin. Remember, the main goal of this procedure is to insert your finger between the raw, opposing surfaces of the lip and the gum so they can't stick together and new smooth mucosa will form over the wound. Lift the lip by holding the lip on either side of the nose with each hand and visually inspect the wound each day- if the edges are "hooding" or cupping concentrate on those areas with more massage and slightly more pressure.

The Tongue should be your next area to stretch. Insert both index fingers into the mouth (insert one in the mouth and go towards the cheek to stretch out the mouth, making room for your other index finger). Then use both index fingers to dive under the tongue and pick it up, towards the roof of baby's mouth. The tongue needs three separate stretching motions:

1. **Forklift**: Once you are under the tongue, try to pick the tongue up as high as it will go (towards the roof of the baby's mouth). Hold it there for 1-2 seconds and then relax. The goal is to completely unfold the diamond so that it's almost flat in orientation (remember, the fold of the diamond across the middle and the side corners are the first place it will reattach). The key to the success of this stretch is that your fingers are placed deep enough prior to lifting the tongue up. Picture how a forklift works: If you don't get the forklift tines completely under the pallet, lifting the pallet up will cause it to tip backwards. If you get the tines completely under the pallet, you can lift the pallet straight up. I recommend placing your fingers on either side of the diamond and pushing past the diamond before lifting up on the tongue. To make the stretch effective, make sure the tongue goes up and not backwards.

2. **Sweep and Rolling Pin**: With one finger propping up the tongue, place your other finger in the middle of the diamond and turn your finger sideways and use a lifting motion from front to back to try and keep the diamond as deep as possible. Use a lifting motion when you sweep through the diamond, trying to separate the horizontal fold across that diamond. Make sure your finger starts within the diamond when doing this stretch. Once it's done, repeat the motion on either side of the diamond (outside the diamond) to loosen up the musculature of the remainder of the floor of mouth.

3. **Push**: Stretch the tongue towards the throat--- this is an awkward stretch especially when the baby is crying, but place your finger on the top or almost to the top of the wound. As the baby stops crying push the tongue towards the throat. Feels like riding the wave as the tongue relaxes when the cry ends.

**SUCKING EXERCISES- DO THESE PLAYFULLY AND WITHOUT GLOVES**

It's important to remember that you need to show your child that not everything that you are going to do to the mouth is associated with pain. Additionally, babies can have disorganized or weak sucking patterns that can benefit from exercises. The following exercises are simple and can be done to improve suck quality.

1. Slowly rub the lower gumline from side to side and your baby's tongue will follow your finger. This will help strengthen the lateral movements of the tongue.

2. Let your child suck on your finger and do a tug-of-war, slowly trying to pull your finger out while they try to suck it back in. This strengthens the tongue itself. This can also be done with a pacifier.
3. Let your child suck your finger and apply gentle pressure to the palate, and then roll your finger over and gently press down on the tongue and stroke the middle of the tongue.

STARTING SEVERAL DAYS AFTER THE PROCEDURE, THE WOUND(S) WILL LOOK WHITE AND/OR YELLOW AND MAY LOOK VERY SIMILAR TO PUS.

This is a completely normal inflammatory response and produces the necessary granulation tissue to create new mucosa to cover the wound. Do not let your child's regular doctor, lactation consultant, friend who thinks they're an expert, or anyone else make the determination for you. If you think an infection exists, give our office a call.

IT IS ESSENTIAL THAT YOU FOLLOW-UP WITH YOUR LACTATION CONSULTANT AFTER THE PROCEDURE TO ENSURE OPTIMAL RESULTS.

CALL OUR OFFICE FOR ANY OF THE FOLLOWING:

- Uncontrolled bleeding
- Refusal to nurse or take a bottle
- Fever > 101.5